Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration. See reverse side for additional OMB information.

See reverse for additional OMB information.

FORM APPROVED OMB NO. 0579-0036

| | | | T AP 1 A A | \F | | | | |
|---|---|---|--|---|--|---|---|--|
| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE | | | | | USDA USE ONLY | | | |
| | | | | | Applicant should send four (4) completed copies to this address: | | | |
| | APPLICAT | IIUN FÜ | 'H KEGIS | IKATIUN | 1 | | 1 | |
| | | (TYPE () | R PRINT) | | 1 | | | |
| | □n · - ·· | , | , | | | | | |
| | Research Facility (0 | • | | • | 1 | | 1 | |
| | Exhibitor (Comp | plete items 1, | 2, and Sections | B and C) | | | 1 | |
| Carrier (Complete items 1, 2, and Section C) | | | | | REGISTRATION NO. | | DATE REGISTERED | |
| | Intermediate H | | - | and Section C1 | 1 | | nedigranes | |
| _ | | | | | 1 | | | |
| f. | REGISTRANT (Name and per | manent mailing | y uaaress, includir | ıy ∠ıp Code) | | OCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) | | |
| | | | | | 1 | | | |
| _ | | | | | 1 | | | |
| - | | | | | | | | |
| 3. DO YOU USE OR INTEND TO USE DOGS OR CATS OR OTHER ANIMALS COVERED BY | | | | | 1 | | | |
| | | | S OR CATS OR O | THER ANIMALS COVERED BY | 4. DO YOU PURCHASE OR TRANSPORT DOGS OR CATS OR OTHER ANIMALS AS | | | |
| | THE ANIMAL WELFARE ACT | | | | DEFINED IN THE ANIMAL WELFARE ACT | | | |
| | Yes | No | | | Yes | No No | | |
| | 5. ARE YOU USING FEDER | RAL FUNDS TO | CARRY OUT | 6. IF "YES" IN ITEM 5, "X" | " OR SPECIFY | Other (Sp | necify) | |
| | RESEARCH, TESTS, OR | | | Grant Award | | 1 | | |
| ⋖ | | | | | | | | |
| Š | Yes | No | | 7. NAME OF FEDERAL A | JENUT(5) SUPPLYING FUNDS | ENCY(S) SUPPLYING FUNDS | | |
| ≟ | | | | | | | | |
| ן ק | 8. NAME AND LOCATION O | F EACH RESEA | ARCH REPORTING | FACILITY (see 9 CFR, Section | 2.36) WHERE TEACHING, RESEA | ARCH, TESTS, OR EX | PERIMENTS ARE CONDUCTED | |
| SF | WITH ANIMALS WHICH | ARE COVERED | BY THIS REGISTI | RATION. (Use reverse or attach | additional sheeets.) | | | |
| |] | | | | | | | |
| ٠ | + | | | | | | | |
| | 1 | | | | | | | |
| | | | | | ~ | | | |
| | İ | | | | | | | |
| - | <u> </u> | | 9. NO ANIBIAL C | ISED OR EVHIDITED AND | LY (Attach additional sheets if ne | edad) | | |
| 20 | A Doos | | J. NO. ANIMALS | | T | T | and size Mail | |
| 5 | A. Dogs | B. Cats | j | C. Guinea Pigs | D. Hamsters | H. Other (Specify | and give No.) | |
| ≝ | | | | | <u>L</u> |] | | |
| ١٢ | E. Rabbits | F. Non-human | n Primates | G. Marine Mammals | | | | |
| ō | j l | | j | | | | | |
| 4 | 10 NATHER OF COLUMN | TION OF BUCK | NESS VIVI | 11 TYPE OF OPERATION | 1. TYPE OF OPERATION ("X" each applicable operation) | | | |
| - 1 | 10. NATURE OR ORGANIZATION OR BUSINESS ("X" one) 11. TYPE OF OPERATION ("X | | | | each applicable operation) | | | |
| | I STATE OF STIGNING | | | | | | | |
| | | rcial | Į | College or University | Hospital | Exhibitor | | |
| | Private Commer | | | College or University | Hospital Intermediate Handler | Exhibitor Air | Rail Marine | |
| | Private Conmer | | | | | Air | Rail Marine | |
| | Private Commer | | | | | Air | | |
| | Private Conmer | or Municipal | | | | Air | Truck | |
| | Private Conner State, County of Federal 12. TYPE OF ORGANIZATIO | or Municipal | | Carriet . | | Air | Truck 14. DATE INCORPORATED | |
| | Private Commer State, County Federal 12. TYPE OF ORGANIZATIO Partnership | or Municipal ON Corporation | | Carriet . | | 13. STATE WHERE | Truck 14. DATE INCORPORATED | |
| | Private Conner State, County of Federal 12. TYPE OF ORGANIZATIO | or Municipal | tion | Carriet . | | 13. STATE WHERE | Truck 14. DATE INCORPORATED | |
| | Private Commer State, County Federal 12. TYPE OF ORGANIZATIO Partnership | or Municipal ON Corporation | | Carriet . | Intermediate Handler | 13. STATE WHERE | Truck 14. DATE INCORPORATED | |
| | Private Commer State, County Federal 12. TYPE OF ORGANIZATIO Partnership | or Municipal ON Corporation Associat | 15. IF | Carriet Colher (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County Federal 12. TYPE OF ORGANIZATIO Partnership | or Municipal ON Corporation Associat | 15. IF | Carriet Colher (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| o mono | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| ordinar o | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| CEOLICIA O | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler N PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual | or Municipal ON Corporation Associat | 15. IF DRPORATION OR C | Carriet Other (Specify) PARTNERSHIP, IDENTIFY EACH | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, 1) ADDRES | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED ED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME | ON Corporation IF CO | 15. IF DRPORATION OR (| CERTIFICA | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, 1) ADDRES | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED adding zip code) | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME | ON Corporation IF CO | 15. IF DRPORATION OR C B. | CERTIFICA | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, 1) ADDRES ATTION er under the Animal Welfare A | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED adding zip code) | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a the information provide | ON Corporation IF CO | 15. IF DRPORATION OR C B. | CERTIFICA CERTIFICA Cither (Specify) CERTIFICA CERTIFICA Control of the best of my knowledge a | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and an | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED uding zip code) et seq. and I certify that | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME | ON Corporation IF CO | 15. IF DRPORATION OR C B. | CERTIFICA | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and an | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED adding zip code) | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a the information provide | ON Corporation IF CO | 15. IF DRPORATION OR C B. | CERTIFICA CERTIFICA Cither (Specify) CERTIFICA CERTIFICA Control of the best of my knowledge a | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and an | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED uding zip code) et seq. and I certify that | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a the information provide | ON Corporation IF CO | 15. IF DRPORATION OR C B. | CERTIFICA CERTIFICA Cither (Specify) CERTIFICA CERTIFICA Control of the best of my knowledge a | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and an | 13. STATE WHERE INCORPORATE | Truck 14. DATE INCORPORATED uding zip code) et seq. and I certify that | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a the information provide | ON Corporation IF CO | B. | CERTIFICA arrier, or Intermediate Handle the best of my knowledge a | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and DATION) er under the Animal Welfare Animal belief. For Print) | 13. STATE WHERE INCORPORATE if needed) is (full address, included) act, 7 U.S.C. 2131 (| Truck 14. DATE INCORPORATED uding zip code) et seq. and I certify that | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a the information provide | ON Corporation Associat IF CO | B. B | CERTIFICA CERTIFICA TITLE CERTIFICA CERTIFICA CITY NAME AND TITLE (Type | Intermediate Handler PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and DATION) ATION Or under the Animal Welfare Animal belief. For Print) OF REGULATIONS AND | 13. STATE WHERE INCORPORATE if needed) is (full address, included) Act, 7 U.S.C. 2131 of the state of the | Truck 14. DATE INCORPORATED adding zip code) et seq. and I certify that 18. DATE SIGNED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a lithe information provide 16. SIGNATURE | ON Corporation Associat IF CO | B. B | CERTIFICA CERTIFICA TITLE CERTIFICA CERTIFICA CITY NAME AND TITLE (Type | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and DATION) er under the Animal Welfare Animal belief. For Print) | 13. STATE WHERE INCORPORATE if needed) is (full address, included) Act, 7 U.S.C. 2131 of the state of the | ading zip code) et seq. and I certify that 18. DATE SIGNED Subchapter A. | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a the information provide | ON Corporation Associat IF CO | B. B | CERTIFICA CERTIFICA TITLE CERTIFICA CERTIFICA CITY NAME AND TITLE (Type | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and DATES) ATION er under the Animal Welfare And belief. For Print) OF REGULATIONS AND and standards contained in 9 | 13. STATE WHERE INCORPORATE if needed) is (full address, included) Act, 7 U.S.C. 2131 of the state of the | Truck 14. DATE INCORPORATED adding zip code) et seq. and I certify that 18. DATE SIGNED | |
| | Private Commer State, County of Federal 12. TYPE OF ORGANIZATIO Partnership Individual A. NAME I hereby register as a lithe information provide 16. SIGNATURE | ON Corporation Associat IF CO | B. B | CERTIFICA arrier, or Intermediate Handle the best of my knowledge a 17. NAME AND TITLE (Type | Intermediate Handler H PARTNER OR OFFICER NCIPAL OFFICERS (Use reverse, and DATES) ATION er under the Animal Welfare And belief. For Print) OF REGULATIONS AND and standards contained in 9 | 13. STATE WHERE INCORPORATE if needed) is (full address, included) Act, 7 U.S.C. 2131 of the state of the | ading zip code) et seq. and I certify that 18. DATE SIGNED Subchapter A. | |